L13000149346

(Re	questor's Name	2)
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(Cit	ty/State/Zip/Pho	ne #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity N	ame)
(Do	cument Numbe	er)
Certified Copies	_ Certificat	es of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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2021 SEP 17 AM 9: 52 SECRETARY OF STATE TALL ANASSEE, FLORIDA

LLC ****

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9/28/21



A BOTH TO

2431 SEP 17 Nº 8:09

Letter Number: 421A00021286

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 2, 2021

CESAR SANCHEZ 3319 US HWY 19 LOT A-12 HOLIDAY, FL 34691

SUBJECT: SANCHEZROOFING LLC

Ref. Number: L13000149346

We have received your document and check(s) totaling \$545.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

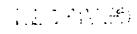
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor





2921 JUN 28 AM 8: 08

FLORIDA DEPARTMENT OF STATE... Division of Corporations

June 14, 2021

CESAR SANCHEZ 321 PALM DR PANAMA CITY BEACH, FL 32413

SUBJECT: SANCHEZROOFING LLC

Ref. Number: L13000149346

We have received your document for SANCHEZROOFING LLC and your check(s) totaling \$289.73. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$251.52.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2019 through 2021; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$541.25.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons Regulatory Specialist II Supervisor

Letter Number: 421A00013114

COVER LETTER

Division of Cor	porations		
бивјест:	Sanchez roo	ling LLC	
	Name of Li nt	ited L¶ability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Sanchez roo Liny, LLC Name of Limited Liability Company Idment and fee(s) are submitted for filing. The concerning this matter to the following: CES as Janchez Name of Person Sanchez roo fing LLC Firm/Company 321 Palm Dr. Panone Lity Beach. Ff. 32413 Address City/State and Zip Code Cesas Residues 67676 5 mail. com E-mail address: (to be used for future annual report notification) at (850 3058015 The code Daytime Telephone Number owing amount:	
		Name of Person	
		Sanchez roofing LLC	
	321 Palm Dr.	Panoma City Beach H.	32413
		Address	
	<u>Cesar John</u> E-mail address: (1	the be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
fano do		200 30581	71 (
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	-		
☑ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres	<u>s:</u>	Street Address:	
Davidtentian	CESAN SAUCHES City/State and Zip Code City/State and Zip Code Constitutes don future dramatic report notification) Further information concerning this matter, please call: Cesan Sauches City/State and Zip Code Constitutes dramatic report notification) Further information concerning this matter, please call: Cesan Sauches City/State and Zip Code Constitutes dramatic report notification) Code C		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES:OF. AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANCHEZROOFING LLC			
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	recoru <u>s.</u>)	
The Articles of Organization for this Limited Liability Company	were filed on	3	_ and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
PARLANT ROOFING LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		SEC	2021
		75- 33	<u> </u>
		MASS:	P
Inter new mailing address, if applicable:			_ ,
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	± U
		LURIUM RIBE	51 25
		D	2
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records,	enter the name of	of the new registe
Name of New Registered Agent:			·
New Registered Office Address:			
	Enter Florida street	t address	
		Florida	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
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			Remove
			Change
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